

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Seki et al.  
Serial No. : 09/821,400 Examiner : R. Osman  
Filed : March 29, 2001 Art Unit : 2157  
For : SYSTEM AND METHOD FOR WEB PAGE ACQUISITION

HON. COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☐ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.

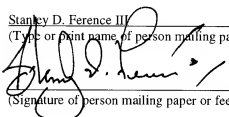
OR

2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF MAILING UNDER 37 CFR § 1.8(a)

I hereby certify that this correspondence and any documents referred to as enclosed therewith are being filed by EFS-WEB with the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on September 22, 2008.

Stanley D. Ference III  
(Type or print name of person mailing paper or fee)

  
(Signature of person mailing paper or fee)

5. ☐ Also enclosed: \_\_\_\_\_
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)		SMALL ENTITY				OTHER THAN A SMALL ENTITY	
					RATE	FEE			RATE	FEE
Total Claims	16	- ** 20	= * 0	x	\$25	=	O	x	\$50	= 0
Ind.	8	- *** 8	= * 0	x	\$100	=	R	x	\$200	= 0
Claims							R			
<input type="checkbox"/> Multiple Dependent Claim Presented				+	\$180	=	O	+	\$360	=
							R			
					<u>TOTAL</u>	= \$ _____	O		<u>TOTAL</u>	= \$0 _____
							R			

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

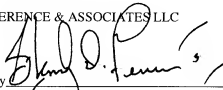
\*\* If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space

\*\*\* If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$\_\_\_\_ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$\_\_\_\_ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES LLC

By   
Stanley D. Ference III  
Reg. No. 35,879

Dated: September 22, 2008

Mailing Address:

**Customer No. 35195**  
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